



Creative Connections Counseling LLC

11990 Portland Ave. Burnsville, MN

Non-Clinical Art Therapy Consent

Fee: Clients pay on time unless prior arrangements have been made. Payment can be made online with a credit card or Paypal. Each session is \$100. Only under extenuating circumstances (such as death, illness, or disability), cancellations may be made in the middle of the package term. A cancellation fee of \$50 may be charged. Refunds for the remaining sessions may be made if the request was made within 30 days of the transaction. Otherwise, you may receive credit for the remaining unused sessions for future sessions offered by Creative Connections, within 1 year of the last session that was used. You may also transfer the credit to someone else and let me know via email:

Breanna@CreativeConnectionsCounseling.net

Procedure: Clients join video calls or in-person sessions on time and receive guidance and support with making art and expressing feelings/thoughts in a creative way. I will guide the art exercises, and you can make the art with the materials you have at hand.

Video call/scheduling: Please join the video call with the provided Simple Practice link on the agreed time/date. Usually, you can reschedule your sessions up to 24 hours before the scheduled date/time. If an emergency comes up and you need to change the schedule on the same day as the scheduled session, please email me and we will work something out. You can email me anytime with any questions outside of scheduled sessions, though my replies are limited to Tuesday - Thursday, 9 am-5 pm. If my work schedule changes and I am not able to make the usual date/time, then a different date/time will be notified beforehand.

Problems: I want you to be satisfied with the program/service. If something feels missing, is upsetting, or doesn't feel right, please bring it up. I will do what is necessary to work the problem out and meet your program needs.

Ground rules: Client joins video call through Simple Practice link provided on the scheduled time and date. The art Therapist will run the client's card after the session. As a client, you understand and agree that you are fully responsible for your well-being during this program, including your choices and decisions. You are aware that you can choose to discontinue this service at any time. You recognize that this service is not psychotherapy and that professional referrals may be given if requested. You understand that the "Custom Therapeutic Art Session" is designed to facilitate personal growth by

expressing one's feelings and thoughts through art and life coaching. You acknowledge that deciding how to handle personal or professional issues and implementing your choices is exclusively your responsibility. You understand that this program does not involve treating mental health disorders as defined by the American Psychiatric Association. You understand that this program is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, creative arts therapy, or substance abuse treatment. You will not use it in place of any form of therapy. You understand that information will be held confidential unless you state otherwise, in writing, except as required by law. You understand that this program is not to be used in lieu of other professional advice or guidance, including legal, medical, financial, business, spiritual, or other matters. You understand that all decisions in these areas are exclusively yours, and you acknowledge that your decisions and actions regarding them are your responsibility.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____ Date _____